

NONTRADITIONAL EMPLOYMENT FOR WOMEN (NEW) PRE-APPRENTICESHIP TRAINING APPLICATION

Classes conducted by the Permanent Commission on the Status of Women

If you are interested in this program,
complete and return this application to:

Doreen, *NEW* Program Manager
CT Permanent Commission on the Status of Women
18-20 Trinity St, Hartford, CT 06106

Incomplete Applications Will Not Be Considered

Deadline for Applications

Please print clearly

is December 1, 2006

First Name	Middle Initial	Last Name
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Street Address	Apt or Fl #, if applicable
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City	State	ZIP Code
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Home Telephone with Area Code () -	Cell Phone with Area Code () -	
This # is my <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other (<i>Specify</i>): _____		
BEST PHONE # TO REACH YOU DURING THE DAY		

E-Mail Address: _____

1. What courses did you enjoy most while attending school? Please rank the following courses.

Math	Favorite: _____
English	_____
Social Studies	_____
Arts & Crafts	_____
History	_____
Physical Education	_____
Science	_____
Other _____	Least Favorite: _____

2. Did you attend a Vo-Tech High School? ☐ Yes ☐ No If YES: _____

3. Post High-School Education (Vocational, Technical Training, College) Name of School

Name of School	City & State	# of Hours Credited	Course of Study	Diploma Yes No		Certificate Yes No	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Below, please check off **three** characteristics that best describe you. *I enjoy:*

- | | | |
|--|--|---|
| <input type="checkbox"/> Working Alone | <input type="checkbox"/> Crafts & Projects | <input type="checkbox"/> Independence |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Repetitive Work | <input type="checkbox"/> Solving Problems |
| <input type="checkbox"/> Working Outdoors | <input type="checkbox"/> Variety | <input type="checkbox"/> Working as a Team Member |
| <input type="checkbox"/> Doing home improvements | | <input type="checkbox"/> Working Indoors |

5. List all tools you have operated successfully at work or home, e.g., hammer, power drill, etc.

6. Explain why you wish to work in a nontraditional occupation, or enter into a construction-related apprenticeship?

7. 7A. Have you ever had a nontraditional occupation? ☐ Yes ☐ No

7B. What was it?

7C. Please explain how you felt about it.

8. Please check off one or two trades that you think you might like to have a career in:

- | | | |
|--|--|--|
| <input type="checkbox"/> Bricklayer | <input type="checkbox"/> HVAC (Heating, Vent. & Air Cond.) | <input type="checkbox"/> Painter / Wallcoverer |
| <input type="checkbox"/> Carpenter | <input type="checkbox"/> Iron Worker | <input type="checkbox"/> Plumber & Pipefitter |
| <input type="checkbox"/> Drywall Finisher | <input type="checkbox"/> Laborer | <input type="checkbox"/> Roofer & Waterproofer |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Operating Engineer | <input type="checkbox"/> Sheet Metal Worker |
| <input type="checkbox"/> Glazier (glasswork) | <input type="checkbox"/> Other (specify): | |

9. Do you know anyone in the construction trades? ☐ Yes ☐ No If YES, please identify his or her occupation and relationship to you.

10. What do you think the NEW Program can do for you?

11. List **three (3) professional** references (no relatives).

Name

Address

Telephone #, with Area Code

1

2

3

12. Beginning with your present or most recent employment, please list the positions you have held.
(If additional space is needed, use back side of the page.) Complete Section 12 even if you attach your résumé.

12A.

Employer:

Employer
Address:

Dates

Employed:

From:

/

To:

/

I earn(ed) \$

.

per hour

Job is ☐ year-round

☐ seasonal, ____ mo/year.

It is ☐ full-time

☐ part-time.

Supervisor's Name and Phone #:

Job Duties:

Reason for leaving:

12B.

Employer:

Employer
Address:

Dates

Employed:

From:

/

To:

/

I earn(ed) \$

.

per hour

Job is ☐ year-round

☐ seasonal, ____ mo/year.

It is ☐ full-time

☐ part-time.

Supervisor's Name and Phone #:

Job Duties:

Reason for leaving:

12E.	Employer:	
	Employer Address:	
<p>Dates Employed: From: ____ / ____ / ____ To: ____ / ____ / ____ I earned \$ ____ . ____ per hour (mo / yr) (mo / yr)</p>		
<p>Job is <input type="checkbox"/> year-round <input type="checkbox"/> seasonal, ____ mo/year. It is <input type="checkbox"/> full-time <input type="checkbox"/> part-time.</p>		
<p>Supervisor's Name and Phone #: _____</p>		
<p>Job Duties: _____</p> <p>_____</p> <p>_____</p>		
<p>Reason for leaving: _____</p> <p>_____</p> <p>_____</p>		

12F.	Employer:	
	Employer Address:	
<p>Dates Employed: From: ____ / ____ / ____ To: ____ / ____ / ____ I earned \$ ____ . ____ per hour (mo / yr) (mo / yr)</p>		
<p>Job is <input type="checkbox"/> year-round <input type="checkbox"/> seasonal, ____ mo/year. It is <input type="checkbox"/> full-time <input type="checkbox"/> part-time.</p>		
<p>Supervisor's Name and Phone #: _____</p>		
<p>Job Duties: _____</p> <p>_____</p> <p>_____</p>		
<p>Reason for leaving: _____</p> <p>_____</p> <p>_____</p>		

The information you provide on this page and the next (pp 6-7) is required and will be used for case management purposes only. This information will be kept confidential. Any data used for research purposes will be stripped of all information that could connect it to you personally.

13. Social Security #:

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14. Do you currently have a valid driver's license? ☐ Yes ☐ No *If yes, attach photocopy*

_____ State _____ License # _____ Expiration Date _____

If NO, please explain *how* and *when* you will obtain your driver's license. _____

15. 15A. Do you own a vehicle that runs? ☐ Yes ☐ No 15B. Is it insured? ☐ Yes ☐ No

If NO to *either* question 15A or 15B above:

- How do you plan to get to class? _____
- If you find work, how will you commute to construction sites? _____

16. 16A. Number of Children at Home: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

Child's Name:	Age:	Child's Name	Age:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16B. If you have children at home, do you have dependable child care? ☐ Yes ☐ No ☐ N.A.

16C. If NO, please explain how you will be able to participate in this class, or maintain employment after graduation. _____

17. Do you have: 17A. a High School Diploma? ☐ Yes ☐ No 17B. a G.E.D.? ☐ Yes ☐ No

17C. If *neither*, check off highest grade completed: ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

17D. Are you currently enrolled in a G.E.D. program? ☐ Yes ☐ No

17E. If YES, on what date do you expect to receive your G.E.D. Certificate? _____

17F. If NO, what are your plans to receive your G.E.D. Certificate? _____

18. If accepted into the Program, would you be willing to take a drug/alcohol test? ☐ Yes ☐ No

19. Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, explain briefly. (Note: a "Yes" answer does not exclude you from training.)

20. Do you have any physical or other difficulties that would impair your ability to work in construction? ☐ Yes ☐ No If YES, please explain: _____

21. If you haven't been employed in the past year, please explain: _____

22. How did you hear about the NEW Program...

☐ from ad in newspaper (please give us its name): _____

☐ from the Public Access Channel on TV

☐ from a community organization (please name it): _____

☐ other (please specify): _____

23. I certify that the information I have provided on this application is true and complete, to the best of my knowledge.

Signature Date

APPLICATION COMPLETION CHECKLIST

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you answered every question? (Answer "N.A." if question doesn't apply to you.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. If you have a driver's license, have you attached a photocopy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you sent for (or do you already have) documentation of your high school diploma or G.E.D. certificate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you already have proof of authorization to work: birth certificate, passport or Permanent Resident Card (Green Card); Social Security card? If not, please start the process of obtaining them as soon as possible. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |